

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 87240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-021-20393
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: Bravo Dome Carbon Dioxide Gas Unit 1932
8. Well Number 091
9. OGRID Number 16696
10. Pool name or Wildcat Bravo Dome Carbon Dioxide Gas 640

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
 Oil Well Gas Well Other CO2 Supply

2. Name of Operator
 OXY USA Inc.

3. Address of Operator
 P.O. Box 50250 Midland, TX 79710-0250

4. Well Location
 Unit Letter G : 1700 feet from the north line and 1700 feet from the east line
 Section 9 Township 19N Range 32E NMPM County Harding

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
4699.8'

Pit or Below-grade Tank Application or Closure

Pit type Syn Depth to Groundwater >100' Distance from nearest fresh water well >1000' Distance from nearest surface water >1000'

Pit Liner Thickness: 12 mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

12. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: Request 1 year extension <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

OXY USA Inc. respectfully requests that the APD for the above mentioned well be granted a one year extension. This permit will expire 4/12/08. Please see attached for a copy of the C-101.

NEW EXPIRATION DATE 4/12/09

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan

SIGNATURE David Stewart TITLE Sr. Regulatory Analyst DATE 3/25/08
 E-mail address: _____

Type or print name David Stewart Telephone No. 432-685-5717

For State Use Only
 APPROVED BY [Signature] TITLE **DISTRICT SUPERVISOR** DATE 3/31/08
 Conditions of Approval, if any: _____